

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17632 (3)
1. Corporation Name
CITRUS HILLS WOMEN'S CLUB, INC.



Principal Place of Business P. O. BOX 1494 HERNANDO FL 34442 US	Mailing Address P. O. BOX 1494 HERNANDO FL 34442-1494 US
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3. Date Incorporated or Qualified 11/03/1986	3a. Date of Last Report 02/26/1996
4. FEI Number 59-2952634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent NASH, JUNE 796 E. IRELAND CT. HERNANDO FL 34442	10. Name and Address of New Registered Agent 81 Name HAMLIN, CLARA L. 82 Street Address (P.O. Box Number is Not Acceptable) 684 E. KELLER CT. 83 HERNANDO, FL 34442 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Clara L. Hamlin* DATE **2/7/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NASH, JUNE 796 E. IRELAND CT. HERNANDO FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	PD HAMLIN, CLARA L. 684 E. KELLER CT. HERNANDO, FL
TITLE VD	CUMMINS, JUDY 745 E. JENKINS CT HERNANDO FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD ROSEBERRY, MILDRED 270 W. LIBERTY ST. HERNANDO, FL
TITLE TD	HAMLIN, CLARA L. 684 E. KELLER COURT HERNANDO FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD THURSTON, PATRICIA 508 E. JENKINS CT. HERNANDO, FL
TITLE SD	BROWN, SANDY 160 GRANDVIEW ST. HERNANDO FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD KAZURA, FRANCES 230 E. FALCONRY CT. HERNANDO, FL
TITLE		5.1 TITLE	
TITLE		6.1 TITLE	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Thurston* DATE: **2/7/97** TIME: **352 527 2793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)